Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OAKTON MANOR (310083)

Address: 1527 W NATIONAL AVE, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 12/01/1983

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096813 End Date: 04/17/2006 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009148 Served 05/02/2006

| . Wildowillo bervea | 05/102/2000 | | | |
|---------------------------|--|-------------------|-----------|--|
| | | <u>Compliance</u> | | |
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected | |
| 83.16(1) | ADMISSIONS AGREEMENT | | | |
| 83.35(4)(i) | EXPIRED FOOD SHALL NOT BE USED | | | |
| 83.35(5)(b) | REFRIGERATED AT 40 DEGREES F. OR BELOW | | | |
| 83.41(10)(a) | BUILDING MAINTENANCE | | | |
| 83.41(5)(d)1 | WATER SUPPLY | | | |
| 83.53(2)(a) | DOORS EXCEPT PATIO DOORS | | | |
| | | | | |

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0095257 End Date: 06/28/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008819 Served 07/27/2005

| | | Compliance | |
|--------------------|--|-----------------|-----------|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 83.16(1) | ADMISSIONS AGREEMENT | 04/17/2006 | Yes |
| 83.17(3)(a)1 | HOLDING RESIDENT FUNDS-MORE THAN \$200 | 04/17/2006 | Yes |
| 83.17(3)(b)1 | MORE THAN \$200 DEPOSITED IN SAVINGS | 04/17/2006 | Yes |
| 83.33(4)(a) | PERSONAL CARE | 04/17/2006 | Yes |
| 83.41(10)(a) | BUILDING MAINTENANCE | 04/17/2006 | Yes |
| 83.41(10)(b) | MECHANICALS IN GOOD REPAIR | 04/17/2006 | Yes |
| 83.41(5)(d)1 | WATER SUPPLY | 04/17/2006 | Yes |

Survey ID: 0092625 End Date: 05/24/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0090696 End Date: 06/10/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006869 Served 07/31/2003

| | | <u>Compliance</u> | |
|---------------------------|---------------------------------------|-------------------|-----------|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | 05/24/2004 | Yes |
| 83.13(7)(a)8 | CRIMINAL CHECK, BACKGROUND & REGISTRY | 05/24/2004 | Yes |
| 83.18(1)(d)2 | OTHER INFORMATION REQUIRED IN RECORD | 05/24/2004 | Yes |
| 83.19(3)(e) | WHEN POLICE ARE CALLED TO FACILITY | 05/24/2004 | Yes |
| 83.21(2)(c) | COPIES OF RESIDENT RIGHTS IN FACILITY | 05/24/2004 | Yes |
| 83.32(1)(a) | ASSESSMENT AND ISP | 05/24/2004 | Yes |
| 83.32(2)(d) | REVIEW OF PROGRESS | 05/24/2004 | Yes |
| 83.33(3)(b)2.d | MEDICATION STORAGE SHALL BE LOCKED | 05/24/2004 | Yes |
| 83.36(1) | PETS | 05/24/2004 | Yes |
| 83.41(10)(a) | BUILDING MAINTENANCE | 05/24/2004 | Yes |
| 83.41(4)(b)2 | GAS FURNACE SERVICED EVERY 3 YEARS | 05/24/2004 | Yes |
| 83.42(6)(a)1 | ANNUAL INSPECTION BY FIRE DEPARTMENT | 05/24/2004 | Yes |
| 83.43(7)(b) | INSTALLATION AND MAINTENANCE | 05/24/2004 | Yes |
| | | | |

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
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Madison WI 53701-2969

Enforcement History

Date: 05/01/2006 SOD #10009148 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.16(1) SOD #10009148 FORFEITURE---83.41(10)(a) SOD #10009148

FORFEITURE---83.41(5)(d) SOD #10009148

Date: 07/25/2005 SOD #10008819 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.33(4)(a)

FORFEITURE---83.41(10)(a)

Date: 07/28/2003 SOD #10006869 Appealed: No

Sanctions

PROVIDE TRAINING FORFEITURE---83.19(3)(e)

PROGRAM SERVICES

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History Date Complaint Received: 02/27/2006 Date Investigation Completed: 04/17/2006 Subject Area(s) Result SOD# RESIDENT RIGHTS NOT SUBSTANTIATED **NUTRITION & FOOD SERVICES** SUBSTANTIATED 10009148 **MEDICATIONS** NOT SUBSTANTIATED Date Complaint Received: 04/04/2005 **Date Investigation Completed: 06/28/2005** Subject Area(s) Result SOD# **QUALITY OF LIFE** NOT SUBSTANTIATED Date Complaint Received: 03/14/2005 Date Investigation Completed: 06/01/2005 Subject Area(s) Result SOD# HOMELIKE ENVIRONMENT & CLEANLINESS **SUBSTANTIATED** 10008819

10008819

SUBSTANTIATED